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# The Highland Doctor

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April 2008

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*Newsletter of the Southern Highlands Division of General Practice*

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## *From the Chair*

As I leaf through *Australian Doctor* and *Medical Observer* each week – and who would now deny that they are required reading either on the Web or in hard copy? – I begin to wonder if we live in parallel universes. I hear Rosanna Capolingua (president of the AMA), and indeed GPs from other places, deriding Divisions and I wonder if their experience of Divisions is in any way similar to our own.

As I quote one of my favourite films – *The Life of Brian* – I think of the Division movement.

*Reg:* All right, but apart from the sanitation, medicine, education, wine, public order, irrigation, roads, the fresh water system and public health, what have the Romans ever done for us?

*Attendee:* Brought peace?

*Reg:* Oh, peace -- shut up! There is not one of us who would not gladly suffer death to rid this country of the Romans once and for all.

*Dissenter:* Uh, well, one.

*Reg:* Oh, yeah, yeah, there's one. But otherwise, we're solid.

I look at the assistance and support that our Division has given us – the list goes on and on: Diabetes Program, Aged Care Program, REO, the After Hours Roster and the After Hours Clinic, the Better Outcomes in Mental Health Program, liaison with the Health Service, Cardiovascular Program, overseeing the educational program, Home Medication Reviews and Nursing Home Medication Reviews, and more. If you had told me that these were achievable 12 years ago, I would have doubted. Yet many of these activities

we almost take for granted. Virtually all of our local doctors are members of the Division, and most take part in a significant number of activities.

For years, the dirty F-word has been thrown back and forth by medical leaders and politicians (yes – “Fund Holding” – what did you think I meant?). While the debate has raged on, we have actually been doing this. The major example is the Better Outcomes in Mental Health ATAPS program, and who would deny that this has allowed patients access to a previously inaccessible service. The GPs have been the gatekeepers (and through the Division, the fundholders). Another example of fundholding could include the diabetes program. In a nutshell - GPs given a sum of money to direct and provide access to services in a way that suits local needs and conditions. This is possibly one of the most effective ways that we can cope with the tsunami of chronic and complex care in our ageing community.

The Division is about to become the conduit to two more large projects, the first about screening for and managing diabetes prevention, and the second about assisting integration of primary care services into general practices. For those of us who are concerned with this “tsunami” (and I suspect it is most of our members), it is a great opportunity to take the lead in morphing our practices into the forms that can help us provide the best care. Only one thing is guaranteed – our professional lives will not be able to stay the same. And it is better to take the lead, to shape our own futures than to sit back and be forced into uncomfortable modes of practice by Health Department bureaucrats.

None of this is possible without our Division – our staff in particular – but also the many of you who involve yourselves in Division planning and activities. Perhaps that is why our Division does not fit the rhetoric of Rosanna Capolingua – it is not “the Division” as happens in other places, it is “Our Division”! So I call on you and seek your involvement – perhaps continued, perhaps afresh – to keep it “our Division”.

*Vince Roche*

## *From the CEO*

### **Australian Better Health Initiative (ABHI) Program for Integrated Primary Care**

As I flagged in our last newsletter, our Division is the grant holder on behalf of the six Divisions in the SSWAHS area of a Commonwealth grant of \$1.2 million over three years to promote integrated primary care across the SSWAHS area.

The broad objectives are better chronic disease management, reduced unnecessary hospitalisation and the development of better professional working environments for primary care workers.

In a nutshell, the idea is to get GPs, community health and other Health Service people working together in team centred care, rather than by referral etc. This will cover a wide range of methodologies including co-location, clustering of community nurses with groups of small practices, better IT communications and so on.

There is an Area-wide Steering Committee which I chair and we are in the process of recruiting a senior level Program Director plus three regional co-ordinators.

A high priority will be the sort of achievements we have made in our diabetes and new CV programs, as well as the practice based mental health nursing programs we are currently rolling out. Needless to say, better communications will also be high on the agenda.

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### **Diabetes Prevention**

As you will be aware, we have had programs for the care and monitoring of established diabetes for 12 years now, as well as a program for pre-diabetes for the past two years. The definition of the latter is glucose intolerance – in other words, people who are on the brink of diabetes.

The tier of intervention that is missing lies further upstream – people at risk of developing diabetes - people who are overweight, have a family history of diabetes, don't exercise enough and so on. This large cohort of people is not yet pre-diabetic but may have an equivalent risk due to the above reasons.

These people can be diverted from developing diabetes by the relatively simple interventions of changing their lifestyle away from poor eating habits and sedentary living.

As another part of the COAG / Australian Better Health Initiative, NSW Health is wanting to trial a fairly simple prevention schedule for this group of people. This program is entitled "Live Life Well" and our Division is to be one of the pilot sites. I emphasise that this is not a research activity – we are trialling the application of well proven methodology, mainly from overseas.

What will be involved is the use of a simple screening survey, subsequent pathology and recruitment into the program itself which comprises lifestyle counselling, exercise and progress monitoring. We will be provided with additional staff and resources to do all of this.

The trial will commence in a pilot practice in late May and subsequently roll out into a limited number of other practices which have practice nurses and other criteria.

Our efforts have been particularly focussed on making sure that this preventative program dovetails into our existing programs without undue red tape or workload for GPs and staff. We are also taking the opportunity to upgrade our existing procedures to enhance overall diabetes care in the area.

If we believe the program is a winner, we will subsequently merge it with our Pre-diabetes Program and make it available to all practices.

### **Mental Health**

I am delighted to welcome Theresa Korman to our staff. Theresa's background is in mental health nursing and she is working with Astrid in the Mental Health Nursing Incentive program.

We have been holding meetings with the Mental Health Service to improve our interface and working arrangements – principally improving communications. The MHS will send out a copy of their 'Form 5' report to GPs (where known and with permission) every time the mental health worker sees a patient – whether is be at the Health Centre, in the Hospital ED or ward.

Equally, it would assist the community Mental Health Team if, when a GP sees one of their known clients for a mental health problem, a note be sent to the Service for their information.

### **Communications**

By now, hopefully all practices that wish to be receiving discharge summaries electronically from Bowral Hospital. If not, please let us know.

One problem at the Hospital is that they do not have the resources to generate discharge summaries for patients admitted for less than three days. This can be a serious problem where the admission was for a 'sentinel event' such as chest pain or threatened suicide, etc. To improve the situation, we are developing a list of sentinel events for which the hospital will seek a method of notifying the GP of these histories.

### **Health Service Appointments**

A Continence Nurse has been appointed at Community Health.

Bowral Hospital is gaining a Medical Director on a temporary basis and is continuing to try to recruit a ward doctor (called a Hospitalist) as well as a third physician. There are currently prospects for both positions.

*Warwick Ruscoe*

# Glycaemic Highlights

### **Autumn Greetings.**

Negotiating the infrastructure of the Sydney Diabetes Prevention Program ("Live Life Well") has meant a longer waiting time for Diabetes appointments.

I apologise if your patients have had delays in appointment times. We seem to be on top of things now. Please remember for urgent appointments, I am only too happy to fit people in quickly.

### **Pilot for prescription exercise for pre-diabetes and diabetes**

In conjunction with REO Lifestyle and the Southern Highlands Division of General Practice, Diabetes Australia-NSW have developed a community based Physical Activity and Lifestyle Diabetes Prevention Program (PAL Diabetes Prevention Program). Designed to provide a safe, affordable and effective exercise option for people with pre-diabetes, the PAL Diabetes Prevention Pilot Program will consist of 12 weeks of twice weekly exercise sessions. The sessions will be conducted at the REO Lifestyle Centre in Bowral and will be supervised by exercise professional, Ian Wall. This is a pilot program and will involve a small fee.

Making lifestyle changes such as increasing physical activity levels, improving diet and keeping weight in check can all help to reduce the risk of developing diabetes. Several studies have shown that simple changes to lifestyle habits can reduce the risk by up to 58%. Taking action now is the key to success.

Diabetes Australia-NSW, REO Lifestyle and the Division are planning to hold an information session at 2.00pm on May 2nd at the Bowral Hospital Lecture Theatre. This session is for anyone interested in knowing more about the program and what would be involved. For more information, please contact me at the Division or Bronwyn Penny at Diabetes Australia-NSW on ph: 9552 9930.

#### **Program at Annesley**

There is a Diabetes Group Program being offered through Annesley. As well as an exercise intervention, there are two dietetic appointments available. Patients must be on a GP Management plan and have T2DM to qualify. Patients are asked to pay \$40 initially to cover all program costs. It is helpful if two EPC referrals are allocated to Melissa Hay (dietitian) for initial and follow up assessments and one to Michael Marthick, Exercise Physiologist, for a follow up assessment. More information is available. Ph 48614366.

*Jill Snow*

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#### **NEW WEBSITE FOR DIVISION**

Our revamped website is getting close to launch. We have included as many areas as possible that we hope will make GPs' lives easier and we will welcome comments once it is up and running. In the meantime, we are happy to place workforce advertisements for GPs to join a practice or requests for locums on the website so please let Gail Forlonge at the Division know if you are looking for someone.

[www.shdivgp.com.au](http://www.shdivgp.com.au)

## **The Highland Doctor** **MENTAL HEALTH MATTERS**

The Mental Health Nursing Incentive Program has continued to go from strength to strength. As many of you know, this program has been operating in the GP practices that participated in the initial pilot, as well as at rooms in Mona Road. The logistics of scarce clinical space within practices and the need to offer this program to all GPs' practices has necessitated that we rent our own rooms at Highlands Medical Practice, 83 Bowral St, Bowral.

Theresa Korman has joined the Division staff and both of us will be able to see clients from this venue from the 21<sup>st</sup> April. In the next little while you will all receive information regarding this program and how to access it for your patients.

Continuing in the Mental Health Nursing vein, I recently presented at the Statewide Mental Health Alliance of Divisions meeting in Sydney and at the Inaugural Conference for Private Practice Mental Health Nursing at the Australian College of Mental Health Nurses in Canberra. It is clear from the feedback and phone calls I have received that our Division is a leader in the area of Mental Health provision and the development of programs to provide this care to our community.

I am currently finalising details for a Level 2 CBT course for GPs interested in registering to be able to provide focused psychological strategies and claim the associated MBS Item numbers. To be eligible for this, you must have already completed the Level 1 Training, however you may attend the course for interest sake. I anticipate that the cost will be somewhere in the \$200 range. The course will consist of two x six hour face-to-face components together with an eight hour take-home activity. The beauty of this course is that it will be conducted locally, hence no travel to Sydney, is subsidised by Lundbeck and unlike other courses, there is only a 12 hour face-to-face component. Once

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the dates and venue are confirmed you will all receive an application form.

The Youth 'Can Do' Teams of Two modules are being finalised by the ADGP and I hope to be able to provide this education in the second part of the year. I have been in discussions with our Community Adolescent Mental Health Team and in particular Dr Kathleen Bokey to arrange an evening around adolescent mental health. This continues to be a work in progress.

I recently met up with Dr Gordon Davies who is a psychiatrist I worked with at Silverwater Jail. Dr Davies has kindly offered to bulk-bill a small number of patients for psychiatric assessment. This service has been particularly useful under the Mental Health Nursing Incentive Program. Dr Davies is going to forward me his details for me to pass on to you in the near future.

The Better Outcomes in Mental Health Program has risen like a 'phoenix from the ashes' and we have been receiving a steady flow of referrals. The usual rules apply regarding the BOMH form and Consent which can be faxed or posted to me at the Division. Unfortunately our funding is limited and therefore the patient must hold a Health Care Card and is only eligible for six sessions - however this may be extended in difficult cases at the discretion of the GP.

*Astrid Torcan*

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## The Highland Doctor QUALITY USE OF MEDICINES

### *RADAR (Rational Assessment of Drugs and Research)*

In recent issues of RADAR the following topics have been covered:

#### **Varenicline (Champix) for smoking cessation**

New product PBS listed January 2008. Varenicline is a new non-nicotine drug that may assist smokers in quitting. It must be prescribed as part of a comprehensive smoking cessation program. The PBS will only subsidise one course of varenicline per patient per year.

#### **Fentanyl lozenges (Actiq) for breakthrough cancer pain**

New product PBS listed April 2008. Fentanyl lozenges are an oromucosal formulation for breakthrough cancer pain in people stabilised on regular opioid therapy for their persistent cancer pain. Oral morphine is the opioid of first choice on the basis of familiarity, cost and dosing flexibility. Consider fentanyl lozenges if an increase in morphine dose to control breakthrough pain causes intolerable adverse effects.

#### **Paliperidone (Invega) for schizophrenia**

New product PBS listed April 2008. Paliperidone is the major active metabolite of risperidone. There is no published evidence to suggest that paliperidone is more effective than risperidone or any other atypical antipsychotic. The prolonged-release formulation of paliperidone is another option for people with schizophrenia.

#### **Pioglitazone (Actos) for type 2 diabetes mellitus**

Extended PBS listing February 2008. The PBS listing for pioglitazone has been extended to allow its use as part of triple oral therapy for type 2 diabetes. The updated review of pioglitazone includes information about the extended listing and safety information about heart failure, macular oedema and peripheral fractures. All health professionals should be familiar with the latest version of the Actos product information.

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For more information go to [www.npsradar.org.au](http://www.npsradar.org.au). If you would like to receive RADAR updates regularly by email or hard copy please call Gail at the Division or subscribe via the NPS website ([www.nps.org.au](http://www.nps.org.au)).

### **NPS WEEKEND WORKSHOP MAY 3 & 4, 2008**

Thanks to all the GPs who have registered for our weekend away on 3 and 4 May 2008. All places are now taken and we have been delighted with the response. All GPs who are attending should have received a confirmation letter – please contact Gail if this has not reached you. Our speaker Dr Sarah Hilmer is gearing up for the event and would like to remind GPs who are coming to jot down the details of tricky cases of prescribing in older patients so she can talk them over with you on the weekend – a complete medication and condition list would be most useful.

### **FRACTURE RISK CALCULATOR - OSTEOPOROSIS**

Further to recent NPS visits to GPs on the topic of osteoporosis The **Garvan Institute** has produced a **fracture risk calculator**. To see this go to:  
<http://www.garvan.org.au/promotions/bone-fracture-risk/>

### **NPS TOPIC OSTEOPOROSIS**

The key messages covered in the one-to-one visits to GPs on the current NPS topic of osteoporosis are:

- Advise on adequate physical activity, calcium and vitamin D especially in the young and elderly
- Use specific anti-osteoporotic drugs after osteoporotic fracture in post-menopausal women
- Ensure sufficient vitamin D and calcium in prevention and treatment of osteoporosis
- Optimise patient compliance with bisphosphonates to achieve fracture risk reduction
- Use bisphosphonates carefully to avoid adverse effects

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### **NPS RESEARCH ON COMPLEMENTARY MEDICINES**

NPS is conducting a range of research activities to better understand the information needs of consumers and health professionals around complementary medicines. This research will be used to improve access to balanced and accurate information about complementary medicines and to develop the skills of health consumers and health professionals to use complementary medicines wisely. As part of this research, NPS will be conducting a survey of a random sample of general practitioners across Australia in **March and April 2008**, followed by focus groups in some Divisions in April. This research aims to assess their knowledge and their information needs and preferences around complementary medicines. More information about the research on complementary medicines being conducted by NPS can be found at [www.nps.org.au/site.php?page=1&content=/resources/content/research\\_projects.html](http://www.nps.org.au/site.php?page=1&content=/resources/content/research_projects.html)

*Gail Forlance*

## **AGED CARE**

### **News and Views**

As with other areas, Aged Care is receiving the focus of the newly elected Federal Government. The Minister for Ageing, Justine Elliot, recently signalled her intention to strengthen the current protocols and protections for older people living in residential aged care facilities. Police checks on all staff and a requirement that residents are personally clinically reviewed by the Aged Care Quality and Compliance staff, where concerns are reported, have been introduced.

All these announcements, although admirable, place additional pressure on staff, particularly registered nurses in our RACFs. Please spare a thought for them in this current environment of increased regulation and fewer senior staff. In hostel care, the situation is particularly difficult with registered nurses available only during daytime shifts.

Our request to GPs is to endeavour to communicate with the registered nurses, particularly for patients in hostel care with complex problems, pain management and medication changes.

#### Suggestions:

- Use of a clinic session in the hostels
- Phone the facility to alert the RN of the time of your visit.

This will ensure that information about the resident is communicated clearly and clinical concerns addressed.

As you are all aware, there have been changes in medication charts and administration of medication by packaged systems. This is another inevitable change with categories of staff other than RN giving out medications. In the long term, I am assured, these changes will assist us all – the residents, GPs, nurses and pharmacists.

#### **Requests for Comprehensive Medical Assessment**

CMAs (Item No 712) may be requested by facility staff. This has come about because a new way of funding RACFs was introduced on 20<sup>th</sup> March. For facilities to gain appropriate funding for residents, it is very important that all the diagnoses are noted, dated and signed by a resident's GP. Enclosed with this newsletter (the pink sheet) is some additional information regarding this issue. Although a CMA is not mandatory, it is what it says it is - 'a comprehensive medical assessment' - much of it being able to be done by RACF staff and considered good practice. It provides an excellent base line on the resident's medical conditions and care needs at admission and it can be repeated every 12 months. The Medicare benefit for a CMA is \$191.80.

#### **NURSING IN GENERAL PRACTICE**

Regular education sessions continue to be provided for Practice Nurses on areas relevant to practice nursing.

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The incentive program for the employment of a practice nurse continues with reduced funding for nursing courses i.e. immunisation, wound care, women's health.

Some scholarships are available through the Australian Practice Nurses Association.

The Division had a good response from a recent advertisement and as a consequence we have developed a database of nurses interested in working in general practice. This may be of assistance to your Practice Managers.

#### **Education in Aged Care**

- Seminar on Depression with Dr Sid Williams, Psychogeriatrician on Tuesday, 29<sup>th</sup> April at 7.00pm at The Abbey Nursing Home in Mittagong.
- The second workshop in our Active Learning Module in Palliative Care in Residential Aged Care - Thursday, 24<sup>th</sup> July, 2008.

*Margaret Moff*

## **CANCER SUPPORT**

#### **RELAY FOR LIFE – CANCER COUNCIL**

The **Relay for Life** was held in March at Eridge Park in Bowral and was an enormous success with nearly \$300,000 being raised. The Division has been thanked by The Cancer Council for its contribution on the organising committee and for arranging the Health Tent on the day. A number of local senior nurses and GPs assisted in the tent and about 50 people were seen for a brief reminder about six important areas of cancer prevention. It was very heartening to see a GP and specialist team called the *Medical Marvels* participate in the 24 hour relay under the enthusiastic organisation of Richard Hanbury.

## NEW CANCER SUPPORT GROUP FOR PATIENTS AND CARERS

A **Cancer Support Group** for patients and carers is now operating successfully in the Highlands. The group meets on the 3rd Wednesday of the month at the Henrietta Rose Room near the Bowral library at 7pm. Next meeting is on the 16th April 2008. A guest speaker is invited every second month. Support is offered by way of discussion and activities with people in similar situations. Please let your patients with cancer and their carers know about this group if it would be of assistance to them. Contact person is Jann Wadsworth, ph 4869 3830, fax 4869 3831.

*Gail Forlonge*

## Immunisation Update

The 9<sup>th</sup> Edition Immunisation Handbook is HERE! You should be receiving your copy in the mail shortly.

### NEW NCIRS Fact Sheets

Revised version of the "HPV frequently asked questions" and a new fact sheet, "Vaccine components", are now available on the NCIRS Website. [www.ncirs.usyd.edu.au](http://www.ncirs.usyd.edu.au). NCIRS hopes that immunisation providers will find both these fact sheets useful.

### NSW School Based Program

Confusion in some practices regarding the school based program and accessing vaccines free for specific age cohorts still seems to be occurring.

The NSW Health Immunisation Kit (red bound folder) outlines the 2007-2009 school based program schedule as well as the vaccines which, if missed at school, can be given free in general practice. These are outlined in the yellow section of the kit and are also on the chart below. These vaccines

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are available from SSWPHU upon request (on a case by case basis).

### Vaccine Access

GPs must order the following vaccines for these eligible groups ONLY by contacting their Local Public Health Unit:

Vaccine	Eligibility
ADT	Refugees Only
Boostrix	15 year olds ONLY who missed out on vaccination at school in 2005
Hepatitis B (Adult)	Refugees Household contacts of acute and chronic hepatitis B carriers
Hepatitis B (Paediatric)	Refugees Children in Year 7 only who missed out on vaccination at school due to illness or absence
IPV	Refugees Catch-up vaccination of children Immunocompromised individuals and their household contacts
Varicella	Year 7 children who missed vaccination at school due to illness or absence Year 7 children who are 14 years old who require a second dose following school program vaccination

### Rotavirus

(received from SSWPHU)

NSW Health has recently provided the Public Health Unit with revised guidelines for children who have been born outside NSW and have commenced a schedule with Rotateq. (Rotarix is used in NSW)

If a child presents to your practice, please contact the PHU and we can discuss the guidelines with you and determine if the child is eligible for provision of Rotateq for completion of their schedule.

A complete listing of vaccines which can be accessed through the PHU is available at [http://www.health.nsw.gov.au/PublicHealth/Immunisation/programs/vaccine\\_access.asp](http://www.health.nsw.gov.au/PublicHealth/Immunisation/programs/vaccine_access.asp)

### Cold Chain Breach

(reminder sent from SSWPHU)

If you have a problem with your vaccine refrigerator resulting in the fridge going outside of the recommended range of +2 – +8 degrees Celsius (either above or below this range), then this incident should be reported to your local Public Health Unit. The Immunisation Staff at the Public Health Unit will ask you details of the storage facilities, the nature of the problem and ask you to provide details of the vaccines that have been affected. Please do not destroy any vaccines until you have spoken with Public Health.

The National Vaccine Storage Guidelines "Strive for 5" have a comprehensive summary of steps to be taken in the event of a blackout or fridge problem to maintain the cold chain for as long as possible. See pages 26 – 27. If you do not have a copy of these Storage Guidelines "Strive for 5", it can be ordered or downloaded from [http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/publication\\_s](http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/publication_s) or you can contact Public Health on 9515 9420.

[www.fightflu.com.au](http://www.fightflu.com.au)

The annual influenza promotion website from National Institute of Clinical Studies is up and running! The site has educational resources for health care workers and access to the latest evidence to support flu vaccination.

### Immunisation Forum to be held on May 29

The Southern Highlands Division of General Practice and the South Sydney West Public Health Unit are holding an Immunisation Update in the Southern Highlands for all interested GPs, practice nurses and practice staff. Expect further information shortly.

*Cheryl Jones*

### After Hours Service

The After Hours Clinic is presently operating very smoothly so I will take this opportunity to remind GPs of a few things to ensure this efficiency continues.

The session times for the clinic are as follows:  
Saturday 3.00pm – 5.00pm  
Sundays & Public Holidays 10.00am – 12noon, and 3.00pm – 5.00pm

Please try to arrive on time for your allocated shift in the Clinic. It is also important to bring your doctors bag to each clinic session.

I would also like to mention again that it is a condition of our insurance that the receptionist in the Clinic is never asked to be involved in a clinical procedure in any way. Whilst there may be situations where you feel you need assistance with a patient, the receptionist cannot be involved. This also relates to disposing of waste from suturing or other procedures. Please make sure any sharp or contaminated waste is disposed of by you, the GP. If you create a sharp you are responsible for its disposal. In addition to this the instruments we use in the suture kits are NOT disposable. They are supplied by the Private Hospital. Please return them to the kidney dish and place in the stainless steel sink for sterilisation by CSSD at the Private Hospital.

Finally, I would like to welcome a new receptionist to our team. Freya Worne began working with us earlier this year. Freya is studying Veterinary Science at University so I am sure she will enjoy working within another medical environment.

*Julie Huntington*

# NOTICES

## SUPPORT GROUP FOR PATIENTS WITH LUNG CONDITIONS

**Southern Highlands LungNet Support Group** meets on the first Friday of each month in the Conference Room of the Southern Highlands Private Hospital at 10am. The group **welcomes people with any type of lung condition and the people who care for them.** They have guest speakers on interesting topics and also arrange outings and social events. For more information patients can call Mr Ian Johnston on 4861 7565 or Mrs Hazel Mellor on 4872 4980.

### SSWAHS Podiatry Services

Recent changes to service provision for podiatry within SSWAHS have seen the department relocated to Camden Hospital where a Secondary High Risk Foot Clinic has been established. Clinics are held daily with access available for consulting physicians at MACS and Camden Emergency Department. An isolated multi-resistant organism room is also available. The department provides services at Bowral Community Health Centre on Tuesdays and Thursdays, Rosemeadow Community Health Centre on the second and fourth Tuesday of the month and Wollondilly Community Health Centre on the fourth Wednesday of the month.

Patients must fulfill specific medical criteria. Application forms can be obtained by contacting the podiatry intake number on 4654 6155 alternatively patient information can be mailed to: Podiatry Department, Camden Hospital P.O. Box 99 Camden, NSW 2570.

For further clarification about any of our services at any time, please contact John Widdup, Ph: 4654 6158 or email John.Widdup@sswahs.nsw.gov.au

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RACGP

Clinical Emergency Management™ Program  
National Intermediate and Advanced Workshops  
for 2008

Increase your knowledge, skills and confidence in managing medical emergencies.

Register now to attend the successful one day CEM Intermediate workshops. If you have already participated in a pre-requisite workshop you can now register for the new two day CEM Advanced workshops focusing on adult trauma and paediatric emergencies.

The CEM Intermediate workshops are worth 40 Category 1 QA&CPD points and the CEM Advanced workshops are worth 80 Category 1 points.

You may be eligible for a procedural skills grant of up to \$2000 a day. For dates, locations and registration forms, visit [www.racgp.org.au/cem](http://www.racgp.org.au/cem), email [gpeducation@racgp.org.au](mailto:gpeducation@racgp.org.au) or freecall 1800 284 732.

### Southern Highland Patient Transport Service

The Cancer Council NSW has a newly established bus transport service in the Southern Highlands that takes patients daily from the Southern Highlands to Macarthur Cancer Therapy Centre in Campbelltown for treatment or specialist appointments.

Carers, family and friends visiting patients at the Camden Hospital palliative care unit are also welcome to use the service, if seating is available.

This is a very valuable service for the area and it would be good to see the service being used to its fullest capacity.

As GPs, you may know of patients who would like to use this service and The Cancer Council would be grateful for your assistance in letting your patients know about the bus.

If you would like more information about this service or brochures to give to your patients please contact the Cancer Council on 'phone 4225 3660.

**Patients can make a booking on the bus by calling 4225 3660.**

## Vacancies in Emergency Life Support (ELS) Course

Rural Doctors Network is holding open six training places for NSW Rural GPs in the RDN-hosted ELS Course in Sydney (Balmain) being held on the weekend of 24 & 25 May 2008.

If you are a NSW rural GP (practising in a RRMA 3-7 town) needing to upskill in Emergency Medicine, and the location and date suits you, please express your interest in this course by contacting Suzanne Riley on 02 49248060 or by emailing [gpgrants@nswrdn.com.au](mailto:gpgrants@nswrdn.com.au). This opportunity is not open to Registrars.

For the ELS course overview, please click in the following link  
<http://www.elscourse.com.au/ELS/course/overview.asp>

Rural GPs completing this ELS course may attract a training grant either under the Rural GP Proceduralist Training Grants program or the RDN Training Grants program. Our GP Grants page leads you to application forms for both programs.

<http://www.nswrdn.com.au/site/index.cfm?display=57811>

## Make a Move Physical Activity Directory for over 50s

The 2008 edition of the **Make a Move physical activity directory for over 50s** is now available. The directory lists a range of physical activities for older adults living in Sydney South West Area Health Service (SSWAHS).

Activities include: aqua fitness; cycling; dancing; gentle exercise; personal exercise programs; pilates; tai chi; walking; yoga.

Available **free** in hard copy from the Health Promotion Service, SSWAHS or visit [www.cs.nsw.gov.au/pophealth/healthpro/injury/pdf/MakeAMoveDirectory.pdf](http://www.cs.nsw.gov.au/pophealth/healthpro/injury/pdf/MakeAMoveDirectory.pdf)

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Just 30 minutes of moderate physical activity on most days of the week is all that's needed to maintain good health.

For more information call the Health Promotion Service at Camperdown on 9515 9055 or email [hpureception@email.cs.nsw.gov.au](mailto:hpureception@email.cs.nsw.gov.au)

### ACTIVE OVER 50s

For a limited time only, there is a **3 CLASSES for FREE** offer, expiring 16 May 2008. To find out what activities are available in your area please refer the Health Promotion Service to your patients: email [Health.Promotion@sswahs.nsw.gov.au](mailto:Health.Promotion@sswahs.nsw.gov.au) or phone 9828 5911. We will send out a voucher and an Active Over 50 class list including classes that are run in the Southern Highlands.

### GP Locum Service

NSW RDN operates a NSW-wide GP Locum Service. Practices can apply for locums online or by phone. There are opportunities for practices to have RDN locums during February, March and April.

The Locum Service employs its Doctors and places them in practices for a subsidised fee of \$3,500 for a 10-session week, plus all on-call allowances, plus 85% of any actual call-outs after hours for VMO services. All locums are covered by Medical Indemnity Insurance, and have successfully passed our recruitment requirements.

At present, our locum workforce has five (5) locums. All locums have extensive experience as GPs, are Fellowed, and have up-to-date emergency medicine skills for VMO work.

Please register your interest now - <http://www.nswrdn.com.au/site/index.cfm?display=69820>

Suzanne Riley is the Locum Project Manager, and may be contacted by phone on 02 4924 8060 or by email at [locums@nswrdn.com.au](mailto:locums@nswrdn.com.au)

### Parkinson's Disease

Presentation on the latest research into Parkinson's Disease - organised by Prince of Wales Medical Research Institute

On Tuesday 17<sup>th</sup> June 10.30am – 11.30 am  
Venue: The Scottish Arms, Boardman Road, East Bowral.

with

Professor Glenda Halliday, international authority on Parkinson's Disease  
and

Professor Peter Schofield, neuroscientist and Director, PoW Medical Research Institute  
To book, contact Leonie Harle Ph: 93991125  
or Email [l.harle@powmri.edu.au](mailto:l.harle@powmri.edu.au)

### Disability Services Australia

Disability Services Australia operates a Specialist Intervention Service for children, adolescents and adults across several areas of the Sydney Metropolitan as well as rural areas of NSW and now has one in Braemar.

They specialise in intervention and consultancy services for people with a disability who have behaviours causing concern, their families, and people working in the disability field.

The consultant psychologist responsible for our area is Lorraine Teewen-Green. Ph: 0411 331 376. For further information go to [www.interventionservices.com.au](http://www.interventionservices.com.au)

### Doctors' Health Advisory Service

This is an independent, confidential service that offers 24 hour professional medical help to colleagues, their families and medical students in NSW in times of personal crisis. Incoming calls are handled by a panel of senior GPs experienced in the health problems of their colleagues. Ph: 02 9902 8111

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### Southern Highlands Division of General Practice Inc

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